

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>1. File Number U -</b> 11042	<b>2. Fiscal Year Covered From:</b>  1 / 1 / 2004 Through: 12 / 31 / 2004
<b>3. Name and address of person filing.</b>  Name John Plutt  P.O. Box, Bldg., Room No., if any  Street 1415 MacFarland  City Fairbanks  State Alaska ZIP Code + 4 99709	<b>4. Name, file number, and address of labor organization.</b>  Name UA Local 375 Plumbers & Steamfitters  Labor Organization File Number 006193  P.O. Box, Building and Room Number, if any  Street 3568 Geraghty Street  City Fairbanks  State Alaska ZIP Code + 4 99709
<b>5. Position in labor organization.</b> Employee/Union Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>  Name Plumbers & Steamfitters Local 375 Joint Apprenticeship Committee  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1978 Burgess Avenue  City Fairbanks  State Alaska ZIP Code + 4 99709	<b>7.a. Nature of Interest, Transaction, or Income.</b> (3) Trustee dinners provided  Training Class reimbursement Nome, Alaska  United Association Michigan Conference reimbursement Net Wages 2004  <b>7.b. Amount.</b>  Value of Dinners (3) 223.00 Training class reimbursement 1308.90 UA Michigan reimbursement 2195.65 Net Wages 2004 16303.89

Signature

<b>15. Signature and verification.</b> The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John Plutt</u>	On <u>7/29/05</u> Date	<u>(907) 456-5989</u> Telephone Number

John Plutt

File Number U-

est in or derived income or economic benefit with monetary value from a business (1) a part of which consists of buying from selling or leasing to, or otherwise dealing with the business employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name n/a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name n/a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

n/a

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

n/a

## 12.b. Amount.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name n/a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

n/a

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.